

Greenville Recreation and Parks Summer Camp Child Info Form

Participant info:

First Name _____ Last Name _____ Prefers to be called _____
Birthdate _____ Age _____ Gender (circle one) M F
Parent/Guardian Name(s) _____
Phone (H) _____ Address _____
Phone (C) _____
Phone (W) _____ City/State _____
Zip _____
Email _____

Additional info:

Please list people that may pick up your child. Include first and last name as it appears on their driver's license.

Additional emergency contacts- Please include first and last name and a current phone number.

| | | | |
|---------------|----------------|---------------|----------------|
| _____ Name | _____ Phone | _____ Name | _____ Phone |
|---------------|----------------|---------------|----------------|

Medical Information (allergies, special medications, instructions, etc.)

PERMISSION, RELEASE, AND ASSUMPTION OF RISK

In consideration of my child being allowed to participate in Jaycee Jamboree Summer Camp sponsored by the Greenville Recreation and Parks Department (GRPD), I hereby assume all risks and release the City of Greenville, its employees, and volunteers from all liability whatsoever for any injuries or accidents in connection with my child's participation including, but not limited to, any injury or accident occurring during transportation related to this program. I intend this release to be binding not only for myself, but also on my family and all legal successors in interest.

I hereby grant permission to the City of Greenville to use, for promotional purposes, photographs and video images taken of my child while participating in this program.

For the safe enjoyment of this program by all participants, the GRPD staff has established rules and regulations and I agree that my child will abide by them, or accept dismissal for refusing to follow them.

In the event that my child is injured, and I cannot be contacted, I hereby give permission to the physician or medical personnel selected by the GRPD staff to hospitalize, secure proper treatment or medication for, and to take whatever medical actions are necessary to treat my child, and I authorize the physician or medical personnel selected to provide treatment deemed necessary by them.

Parent/Guardian's Name (Please Print)

Date

Parent/Guardian's Signature

Date